



SEMINOLE COUNTY PLANNING & DEVELOPMENT DEPARTMENT
PLANNING DIVISION
1101 EAST FIRST STREET (ROOM 2201)
SANFORD, FL 32771
(407) 665-7444 PHONE (407) 665-7385 FAX APPL.NO. _____

APPLICATION TO THE SEMINOLE COUNTY BOARD OF ADJUSTMENT

Applications to the Seminole County Board of Adjustment shall include all applicable items listed in the Board of Adjustment Process Checklist. No application will be scheduled for Board of Adjustment consideration until a complete application (including all information requested below) has been received by the Planning & Development Department, Planning Division. Applications for SPECIAL EXCEPTION shall only be received for processing following pre-application conference.

APPLICATION TYPE:

- ☐ **VARIANCE** _____
- ☐ **SPECIAL EXCEPTION** _____
- ☐ **MOBILE HOME SPECIAL EXCEPTION** _____
- ☐ EXISTING (YEAR _____) ☐ PROPOSED (YEAR _____)
- ☐ REPLACEMENT (YEAR _____) SIZE OF MOBILE HOME _____
- ANTICIPATED TIME MOBILE HOME IS NEEDED _____
- PLAN TO BUILD ☐ YES ☐ NO IF SO, WHEN _____
- MEDICAL HARDSHIP ☐ YES (LETTER FROM DOCTOR REQUIRED) ☐ NO
- ☐ **APPEAL FROM DECISION OF THE PLANNING MANAGER** _____

PROPERTY OWNER		AUTHORIZED AGENT *
NAME		
ADDRESS		
PHONE 1		
PHONE 2		
E-MAIL		

PROJECT NAME: _____

SITE ADDRESS: _____

CURRENT USE OF PROPERTY: _____

LEGAL DESCRIPTION: _____

SIZE OF PROPERTY: _____ acre(s) PARCEL I.D. _____

UTILITIES: ☐ WATER ☐ WELL ☐ SEWER ☐ SEPTIC TANK ☐ OTHER _____

KNOWN CODE ENFORCEMENT VIOLATIONS _____

IS PROPERTY ACCESSIBLE FOR INSPECTION ☐ YES ☐ NO

This request will be considered at the Board of Adjustment regular meeting on ____/____/____ (mo/day/yr), in the Board Chambers (Room 1028) at 6:00 p.m. on the first floor of the Seminole County Services Building, located at 1101 East First Street in downtown Sanford, FL.

I hereby affirm that all statements, proposals, and/or plans submitted with or contained within this application are true and correct to the best of my knowledge.

SIGNATURE OF OWNER OR AGENT*

DATE

* Proof of owner's authorization is required with submittal if signed by agent.

ADDITIONAL VARIANCESVARIANCE 2:

VARIANCE 3:

VARIANCE 4:

VARIANCE 5:

VARIANCE 6:

VARIANCE 7:

APPEAL FROM BOA DECISION TO BCC**APPELLANT INFORMATION**

NAME	
ADDRESS	
PHONE 1	
PHONE 2	
E-MAIL	

NATURE OF THE APPEAL_____

APPELLANT SIGNATURE_____**FOR OFFICE USE ONLY****PROCESSING:**

FEE(S):_____ COMMISSION DISTRICT_____ FLU / ZONING_____

BCC HEARING DATE_____ (FOR APPEAL)

LOCATION FURTHER DESCRIBED AS _____

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PLANNING ADVISOR_____ DATE_____

SUFFICIENCY COMMENTS_____

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